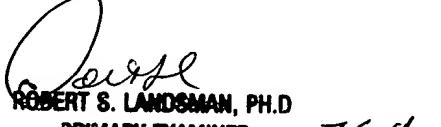


<b>Issue Classification</b> 	Application/Control No.	Applicant(s)/Patent under Reexamination
	09/219,442	HU ET AL.
	Examiner	Art Unit
	Robert Landsman	1647

ISSUE CLASSIFICATION			
ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
514	12	514	2
INTERNATIONAL CLASSIFICATION		530	350 399
A 6 1 K	38/00		
A 0 1 N	37/18		
C 0 7 K	1/00		
C 0 7 K	14/00		
C 0 7 K	17/00		
 (Assistant Examiner) (Date)		 ROBERT S. LANDSMAN, PH.D PRIMARY EXAMINER (Primary Examiner) 7-6-06  (Legal Instruments Examiner) 7/11/06 (Date)	
		Total Claims Allowed: 240 O.G. Print Claim(s) 1 O.G. Print Fig. none	

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input checked="" type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
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5	5	35	65	95	125	155	185
6	6	36	66	96	126	156	186
7	7	37	67	97	127	157	187
8	8	38	68	98	128	158	188
9	9	39	69	99	129	159	189
10	10	40	70	100	130	160	190
11	11	41	71	101	131	161	191
12	12	42	72	102	132	162	192
13	13	43	73	103	133	163	193
14	14	44	74	104	134	164	194
15	15	45	75	105	135	165	195
16	16	46	76	106	136	166	196
17	17	47	77	107	137	167	197
18	18	48	78	108	138	168	198
19	19	49	79	109	139	169	199
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28	28	58	88	118	148	178	208
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ORIGINAL		CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
INTERNATIONAL CLASSIFICATION							
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(Assistant Examiner) (Date)		Total Claims Allowed:					
(Legal Instruments Examiner) (Date)							
		(Primary Examiner)		(Date)		O.G. Print Claim(s)	O.G. Print Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
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238		268		298		358	
239		269		299		359	
240		270		300		360	

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	09/219,442	HU ET AL.
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ORIGINAL		CROSS REFERENCE(S)						
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
INTERNATIONAL CLASSIFICATION								
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(Assistant Examiner) (Date)								
(Legal Instruments Examiner) (Date)		Total Claims Allowed: (Primary Examiner) (Date)						
		O.G. Print Claim(s)			O.G. Print Fig.			

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